



CANTERBURY
CLINIC

389 Canterbury Road

Forest Hill, Vic 3131

Ph: 03 9873 0809, F: 03 9873 1477

E: admin@canterburyclinic.com.au

Clinical Information for Adults (Please give this sheet to the Doctor or Nurse)

As a new patient, completing this form helps us get a detailed overview of your health. This form is confidential and will only be kept in your confidential medical record.

Name: _____ Date of Birth: ____ / ____ / ____

Your Occupation(s): _____

Any past or current medical/mental health issues:

Any operation/surgery in the past:

Any hospital admissions:

Any medical problems run in your family: (e.g. diabetes, heart problem, stroke, bleeding/clotting disorder...)

Allergies to medications or other substances:

Do you Smoke tobacco? Yes ☐ No ☐ If no, are you an Ex-smoker? Yes ☐ No ☐

Do you drink alcohol? Yes ☐ No ☐ Do you use any recreational/illicit drugs? Yes ☐ No ☐

List of your current medication: (Including over the counter remedies)

For Women:

Date of last Pap smear: _____ Any abnormal Pap smears in the past: Yes ☐ No ☐

Form of contraception (if any): _____